

Application for Membership in the Wattsburg Wireless Association

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Current Call Sign: _____ ARRL Member: Yes ___ NO ___

VE Certified: Yes ___ No ___ ARRL Certified instructor: Yes ___ No ___

Current Club affiliations: _____

Birth Date: Month ___ Day _____

We do not discriminate because of age

Type of membership desired (circle one please)

Active full member (Must be a Ham Licensed or become licensed within 6 months of joining) Dues \$15/year.

Active Associate Member (non-voting or holding an officer position) Dues \$10/year.

Youth Member (Must be under 16 years of age) Dues free, donations accepted.

Note: Contact the treasurer or President at any meeting to pay dues. I understand if I am required to pay dues, failure to pay dues for 2 months will suspend my membership until said dues are paid in full.

Signature: _____ Date: _____

You may mail this to **Wattsburg Wireless Association, 9333 Tate Rd, Room #107, Erie, PA 16509.**

Do not write below this line.

Accepted Yes ___ No ___ date _____ Signature of Association Officer and Office

All material at wattsburg-wireless.us Web Site is copyrighted. The Wattsburg Wireless Association. All rights reserved.
